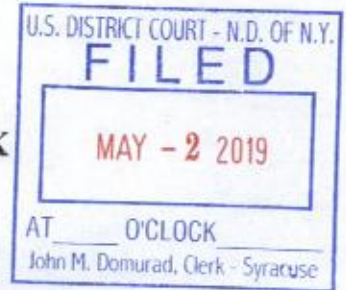


UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK



Naaron Dunbar
#17B2243

Plaintiff(s)

v.

Onondaga county
chad picotte
Joseph Moran

Defendant(s)

APPLICATION TO PROCEED
WITHOUT FULL PREPAYMENT
OF FEES; AFFIDAVIT AND
AUTHORIZATION FORM

CASE NUMBER: 8:19-cv-524

I, Naaron Dunbar declare that I am (check appropriate box)

☒ petitioner/plaintiff/movant

☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?:

☒ Yes

☐ No (If "No" go to

Riverview corr. fac. Part 2)

1110 Tibbitts dr.

If "Yes" state the place of your incarceration: Ogdensburg, N.Y. 13669

Are you employed at the institution?

☒ Yes

☐ No

Do you receive any payment from same?

☒ Yes

☐ No

Notice to Inmates: The Certificate Portion Of This Affidavit Must Be Completed.

2. Are you currently employed?:

☐ Yes

☒ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and the name and address of your last employer.

5/2005

N/A

Metro Taxi
324 Lodi St
Syracuse, N.Y.
13203

anywhere from \$25 to
\$180.00 per night.
12 hr shifts -
6 pm - 6 am

3. In the past twelve months have you received any money from any of the following sources?

- | | | |
|---|---------------------------|-------------------------------------|
| a. Business, profession or other self employment | Yes <input type="radio"/> | No <input checked="" type="radio"/> |
| b. Rent payments, interest or dividends | Yes <input type="radio"/> | No <input checked="" type="radio"/> |
| c. Pensions, annuities or life insurance payments | Yes <input type="radio"/> | No <input checked="" type="radio"/> |
| d. Disability or workers compensation payments | Yes <input type="radio"/> | No <input checked="" type="radio"/> |
| e. Gifts or inheritances | Yes <input type="radio"/> | No <input checked="" type="radio"/> |
| f. Any other sources | Yes <input type="radio"/> | No <input checked="" type="radio"/> |

If the answer to any of the above is "Yes" describe each source of money and state the amount received **and** what you expect you will continue to receive.

4. Do you have any cash, checking or savings accounts? Yes ☐ No ☒
If "Yes" state the total amount _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other assets? Yes ☐ No ☒
If "Yes" describe the property and state its value (Attach additional sheets as necessary):

6. List the person(s) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. Kassidy Dunbar

I declare under penalty of perjury that the above information is true and correct.

4/20/2019
DATE

[Signature]
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by appropriate official at institution of incarceration)

I certify that the applicant named herein has the sum of \$ 51.49 on account to his/her credit at (Name of Institution) Riverview Correctional Facility.

I further certify that the applicant has the following securities to his/her credit: —

I further certify that during the past six(6) months the applicant's average balance was \$ 21.40

4/24/19
DATE

B. Lacey, OAZ
SIGNATURE OF AUTHORIZED OFFICER

RECEIVED

APR 24 2019

Business Office